



## CONFERENCE ROOM REQUEST FORM



### A. Applicant Information

Applicant/Organization Name: \_\_\_\_\_

Applicant/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### B. Event Information

Date(s) of Event: \_\_\_\_\_ Time(s): \_\_\_\_\_

Event Name: \_\_\_\_\_ Estimated Number of Attendees: \_\_\_\_\_

Room Layout (Please select one): **A: Meeting** ☐ **B: Lecture** ☐ **C: Banquet(Rectangle)** ☐ **D: Banquet (Round)** ☐

**\*See Sportsplex Conference Room Layout Options**

### C. Reservation Specifics

Please indicate which of the following items you will need for the event.

☐ Podium ☐ Internet ☐ Audio/Video ☐ Serving Tables

If you will be serving food, please check the box: ☐ Catering Provided By: \_\_\_\_\_

Provide detailed information on any additional equipment you will bring for the event in the comment section below.

**Comments:**

**\*\*Prior to approval staff will schedule a facility walk-through to finalize details. \*\***

I have read and understand the Policies and Procedures governing the use of the Mecklenburg County Sportsplex and agree on behalf of my above-listed organization to indemnify and hold the County, its agents, and employees harmless from and against any and all costs, expenses, liabilities, losses, damages, or injunctions. I also understand the submission of this application is NOT a guarantee of event approval.

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Credit Card Authorization Statement

I understand that Mecklenburg County Park and Recreation Department has the ability to retain my credit card (s) information on file and charge payments to my card (s) for athletic facility reservations.

I hereby authorize Mecklenburg County to charge my credit card (s) for an athletic facility rental payment (s) when due and provide me a receipt for all charges.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_